Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on	20210	C0388				port ed B		CAN	DII	DATE	√	CC	MMITTE		LOBI	BYIST	
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		FRE	D A	PIER	ANTO	TONI								
Street Address:																		
City:									State:					Zip Cod	e: 18	641		
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDMI REPORT?	ENT	Yes	No	\
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	y pri	Ē-	5.	30 DA		Р	OST-	6.		TERMINA REPORT?	TION	Yes	No	
report type)	ANNUAL	. REPORT	7. X	Year 2021						ETHOD PAPER V					₩	DISKE	TTE	
Name of Office S	ought by	/ Candidat	 :e:						DATE	TE OF ELECTION District Office Number Code					ty Code	County Code		
									МО	DAY YEAR 11 CPJ							Code	
JUDGE OF THE	COURT	OF COMM	ON PLE	AS						11		2	2021		(SEE IN	STRUCTI	ONS FOR C	CODES)
Summary of		s and	МО	DAY	YEAR	2			МО		DAY	Y	EAR	FOI	ROFFIC	E USE	ONLY	
Expenditures	from:		1	11 23	2	021	Т	0		12	3	31	2021					
A. Amount Bro	ught For	ward From	ı Last R	eport				\$	•				0.00					
B. Total Monet	ary Contr	ributions A	and Rec	eipts (From	Sche	dule	e I)	\$					0.00					
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$					0.00					
D. Total Expend	ditures (I	From Sche	dule II	I)				\$					0.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$					0.00					
F. Value Of In-	Kind Con	tributions	Receive	ed (From Se	chedu	le I	I)	\$					0.00					
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV)			\$					0.00					
					AFF	·ID	AVI	T SE	CTIO	Ν								
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign l	here.	If th	nis is	a Car	ndidate	re	port, c	andi	date sig	gn here.				
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by el	ectr	onic me	edium	, are to	the best of	my knov	vledge	and belie	ef , true
Sworn to and subs	cribed bef day of	ore me this		20						•		5	Signature	e of Person	Submitt	ing Rep	ort	
	_	Signatur	re					-		•				Print	ed Name	1		
My Commission Ex	cpires							_		-				Email				
		МО	D/	AY	YR						Are	ea Co	le	Daytime	Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sha	all s	sign he	ere.						
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee ha	s no	ot violat	ted ar	ıy provis	ions of the	act of Ju	ıne 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed befo day of	re me this		20									s	ignature of	Candida	ate		
	——————————————————————————————————————							-						Printed	l Name			— I
		Signature						-		-								
My Commission Exp	ires													Email				
	-	МО	D	AY	YR	ł		•			Area	Code		Da	ytime To	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRED A. PIERANTONI	From:	11/23/202	<u>21</u> To:	12/31/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re					
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Commit	tee or Candidate		Rep	Reporting Period					
Fr				From: T				o:	
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$0.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candi	ame of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00		

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

ame of Filing Committee or Candidate				orting Pe	riod				
			Fron	n:		To	То:		
				D	ATE		АМС	OUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PA(GE TOTAL 0.00	

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Pe	riod	
FRED A. PIERANTONI	From:	11/23/2021 To:	12/31/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO)R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,	PAGE TOTAL		
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	lame of Filing Committee or Candidate				Re	porting	Period					
					Fro	m:		То	То:			
					<u> </u>		DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR	1			
Mailing Address										\$		0.00
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•		•			Occupa	ation					
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	cripti	ion of (Contributio	on
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOT	ΓAL
Summary Page, Section 3.								0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Name of Filing Committee or Candidate					Reporting Period				
						То:				
				DATE			AMOUNT			
To Whom Paid				DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure					
							PAGE TOTAL			
Enter Grand Total of Expen	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D					\$	0.00			